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HOLDER REPORT FORM

INSTRUCTIONS

Holder Information:

- Line 1:** Enter the holder's name & current mailing address. Please type or legibly print.
- Line 2:** If there has been a change in the name of the holder or in the address print that information here.
- Line 3:** Enter the holder's federal identification number. Enter the name and telephone number of the person we should call about the report.
- Line 4:** Enter the holder's state and date of incorporation as well as the date of the holder's fiscal year end.
- Line 5:** Enter the holder's total assets, annual sales/income and number of employees nationwide.
- Line 6:** If all branches, divisions & subsidiaries of the holder are **not** covered by this report, check no.
- Line 7:** If the company has had a name change, check name change and list the previous and current name. If a merger has taken place, list the primary and secondary holder names.

Property information:

- Line 1:** If reporting interest bearing accounts assignable to the Commonwealth of Kentucky, Department of Treasury, enter the total of these accounts here. **Please note that these accounts are not required by law to be remitted, but shall remain at the reporting institution for a period of ten years or until claimed by the rightful owner. See page 7**
- Line 2:** Enter the total number of stock shares for all accounts listed on the stock form.
- Line 3:** Enter the number of safe deposit boxes listed on the safe deposit form.
- Line 4:** Enter the total of all accounts \$100.00 & under reported in aggregate. Accounts reported as total aggregate amounts and not on disk must be claimed directly from the Holder and the Holder must seek Reimbursement.
- Line 5:** Enter the total of all accounts over \$100.00 listed on the reverse.
- Line 6:** Enter the total of the money accounts from lines 3 & 4.
Submit that amount with the report.

Sign and date the report before remitting. Make check payable to KENTUCKY STATE TREASURER. Remittance must accompany report.

All owner information including *addresses*, ***Social Security numbers***, *account numbers*, *birth dates* and other significant information must be included on the back of this report. Any accounts with more than one owner listed must include the type of relationship (example: and, or, custodian, trustee, etc.) on this form.

2009**HOLDER REPORT FORM**

Remittance must accompany report

ALL SECTIONS MUST BE COMPLETED

1. HOLDER NAME & ADDRESS:

2. Below insert name or address changes

3. FEIN _____ Contact Person: _____ Tel. # _____

4. State of Incorporation _____ Date of Inc. _____ Fiscal year end _____

5. Total Assets _____ Annual sales/income _____ # Employees _____

6. Does this report include all branches, divisions & subsidiaries? ☐ Yes ☐ No

7. If Company has changed its name or completed a merger, complete this section.

☐ Name change From: _____ To: _____☐ Merge Primary: _____ Secondary: _____**INFORMATION ABOUT PROPERTY YOU ARE HOLDING**1. Total value of property placed in **interest bearing accounts** in 2009. \$ _____
DO NOT INCLUDE 1999 REPORTS (financial institutions only, see page 7)

2. Total number of unclaimed stock shares (list accts. on securities form) _____

3. Number of unclaimed safe deposit boxes (list accts. on safe deposit form) . . . _____

4. Total value of accounts under \$100.00 being remitted (reported as aggregate) . . . \$ _____

5. Total value of accounts over \$100.00 being remitted (list accts. on reverse) . . . \$ _____

6. Total value of money remitted (total of lines 3 and 4) \$ _____

Attach check & stock certificates to this holder report. Make check payable to: Kentucky State Treasurer. DO NOT ATTACH SAFE DEPOSIT BOX CONTENTS TO THIS REPORT.

*Read page 17 before signing affidavit***VERIFICATION**

I, _____, swear that I have prepared, or have caused to be prepared, and have examined this report as to property presumed abandoned under KRS 393 and other applicable state laws. I am duly authorized to execute this verification by the holder and by law. To the best of my knowledge and belief, said report is true, correct, and complete.

E-MAIL ADDRESS _____

Signature _____ Title _____ Date _____

OFFICE USE ONLY

Receipt # _____ HID # _____ Balanced _____

DO YOU NEED MORE TIME? (SEE PAGE 18)

OWNERS OF UNCLAIMED PROPERTY

COMMONWEALTH OF KENTUCKY

Owner Name and Beneficiary (if applicable) [Last, First, Middle Initial] Last Known Address [Number & Street City, State & Zip]	Social Security or Federal Tax ID Number and/or Date of Birth	Amount Remitted	Amount Placed in Interest Bearing Accounts in 2009 ONLY	Account Number Certificate Number Policy Number	Date of Last Activity	Property Code (See Page 22)
A computer printout with the required information is acceptable.						Page Total